

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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NAME OF FILER

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OFFICE OF CITY CLERK  
CITY OF EL CENTRO

Sanders, Sedalia L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of El Centro, Council member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attachment

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of El Centro

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is 01/01/14, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / /, through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

03/30/15  
(month, day, year)

**Addendum to Form 700**

**01/01/14 –to-12/31/14**

**Imperial County Transportation Commission (ICTC)**


**Imperial County Probation, Juvenile Justice Coordinating Council (ICJJCC)**

**Imperial County resource Management Authority (IVRMA)**

**Imperial County Local Transportation Authority (LTA)**

**Imperial County Area Agency on Aging (AAA)**

**Imperial County Service Authority for freeway Emergency (SAFE)**



02/30/15

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

*Sedalia Ronder*

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) *League of Cities*

*1400 K. Street*  
ADDRESS (Business Address Acceptable)

CITY AND STATE

*Sacramento, CA 95814*

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

*Advocacy for Cities of California*  
DATE(S): *01-01-14* *12/31/14* AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description *Lodging*

*some meals, Volunteer*

*Service as a member of the*

*board of directors*

NAME OF SOURCE (Not an Acronym) *League of California cities*

ADDRESS (Business Address Acceptable)

*1400 K. Street*

CITY AND STATE *Sacramento, CA 95814*

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

*Advocacy for cities & their residents*  
DATE(S): *01/01/14* *12/31/14* AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description *Some meals*

*provided to a family member*

Comments: *See attachment*

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description